

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 25 1944

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 118

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town CRYSTAL CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution ✓
(Specify whether years, months or days) 27 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON

(c) City or town CRYSTAL CITY 50
(If outside city or town limits, write "RURAL")

(d) Street No. 314 TAYLOR AVE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME ISABELLE MORICE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 12
1944 to June 15 1944
that I last saw h. er alive on June 15 1944
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPH MORICE 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased SEPTEMBER 14, 1867
(Month) (Day) (Year)

Immediate cause of death
Cardiovascular disease
Hypertension

Due to 930

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 76 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace BLOOMSDALE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN HOME

12. Name ISRAEL H. ROSE

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name CECIL

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Morice

(b) Address Crystal City, Missouri

17. (a) Burial (b) Date thereof June 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director John R. Polite

(b) Address Crystal City, Missouri

19. (a) June 17, 1944 (b) Mrs. Lilly Williams
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 930

23. Signature Betalm Polgar (M. D. or other) _____
Address Festus Date signed 6-17-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-24-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John R. Polite

Licensed Embalmer No. 3481

P. O. Address

Crystal City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.